



CALIFORNIA

Technician/AGR Administrative Instruction

National Guard Technicians - CAL NG Active Guard/Reserve

MILITARY DEPARTMENT

**P. O. BOX 269101
Sacramento, CA 95826-9101**

NUMBER

03-06

20 Feb 03

EXPIRES 20 February 2004

TECHNICIAN DEPLOYMENTS IN SUPPORT OF CONTINGENCY OPERATIONS

1. In this time of international crisis, it is imperative that full-time technicians who are called to active military duty are able to leave their Federal technician employment with the knowledge that their affairs are in order and their rights protected. The Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA) was enacted to provide protection of these rights and benefits for everyone that performs active duty.

2. The following are the procedures for technicians to follow when called to active duty:

a. **Complete Standard Form 52 (SF-52), Request for Personnel Action.** This form is used to place you in Leave Without Pay-Uniform Services status (LWOP-US). You may obtain this form from your local Remote Designee, the Human Resource Office, or on the Office of Personnel Management (OPM) web site at www.opm.gov/forms/index.asp. The completed SF-52, USERRA Election Checklist (see below) and a copy of your orders, may be forwarded to your local Remote Designee or sent to the Human Resource Office, ATTN: Customer Services, 9800 Goethe Road, Sacramento, CA 95627.

b. **Complete USERRA Election Checklist.** The enclosed checklist must be completed prior to deployment. It allows you to make choices that will affect your benefits. The checklist must be attached to your Standard Form 52.

c. **Provide a copy of orders.** If you are unable to provide a copy of your orders along with your SF-52 and USERRA Election Checklist before you deploy, you may fax a copy to the Human Resource Office at fax number (916) 854-3439 or DSN 466-3439.

d. **TSP Loan.** You must notify the Human Resource Office if you currently have a TSP loan. A Form TSP-41, Notification to TSP of Nonpay Status, is required with the beginning date of your LWOP-US and will be provided to TSP with a copy of orders. Your loan will be suspended up to one year. If you are in a LWOP-US status for more than a year, the loan is considered a taxable distribution.

e. **Health Benefits.** If mobilized in support of contingency operations such as Enduring Freedom/Noble Eagle, health benefits are covered at no cost to the employee for 18 months.

f. **Leave.**

(1) Compensatory Leave. You may use your compensatory leave for active duty. If you have accrued compensatory leave, it should be exhausted before you use any other leave.

(2) Annual leave. You may use your accrued annual leave at the beginning or ending of your orders, leave it to your credit, or request your accrued annual leave be paid in a lump sum. If you request a lump sum payment, it will be taxed. If you have use or lose annual leave and do not return within a year, it will automatically be restored to you upon your return to duty and you will then have two years to use it.

(3) Military leave. All or part of your military leave may be used when you are called to active duty.

g. The following is an example of using leave when deployed:

Military Orders Report Date:	10 Jan 03
Compensatory Leave:	10 Jan 03 – 31 Jan 03
Annual Leave:	1 Feb 03 – 9 Feb 03
Military Leave:	10 Feb 03 – 25 Feb 03
Effective Date of LWOP-US:	26 Feb 03

3. If you have any questions or concerns, contact TSgt April Dinardo at CAGNET 63256, DSN 466-3256, (916) 854-3256, or SSgt Nathan Morris at CAGNET 63414, DSN 466-3414, (916) 854-3414.

FOR THE ADJUTANT GENERAL:

Enclosure
as

LAWRENCE D. COOPER
COL, OD, CA, ARNG
Director of Human Resources

Distribution:
ARMY: TA
AIR: TA

USERRA TECHNICIAN CHECKLIST

NAME:_____ RANK:_____ SSN:_____

TECHNICIAN UNIT:_____
(Where You Work)

Request one of the following (Initial your election/acknowledgement)

_____ Place on Leave Without Pay (LWOP-US) beginning_____

_____ I have compensatory /annual/military leave I would like to use **before** going LWOP-US.
My Compensatory/Annual/Military Leave will be from_____ to _____

_____ Separated effective (for Temporary Employees)_____

LEAVE:

_____ I have a balance of annual leave for which I would like to be paid a lump sum.

_____ I want to leave my annual leave to my credit.

HEALTH BENEFITS:

Covered at no cost to employee for 18 months if mobilized under authorized contingency operations, such as Enduring Freedom/Noble Eagle.

ALL OTHERS:

_____ I want to continue my FEHB. I understand that if I continue my FEHB after the first 12 months, I will pay 102% of the cost and it must be paid currently. I understand that I can cancel at any time but it will be considered a break in coverage for retirement purposes.

OPTIONS FOR FEHB CONTINUATION OR TERMINATION:

_____ I want to terminate my FEHB effective:_____

_____ I want to incur a debt to be paid upon my return.

_____ I want to pay for my FEHB on a continuing basis during my absence.

Payments must be sent to:

DFAS Disbursing Officer
P.O. Box 998009
Cleveland, OH 44199

PLEASE READ AND INITIAL THE FOLLOWING STATEMENTS. IF YOU HAVE ANY QUESTIONS, CONTACT YOUR LOCAL REMOTE DESIGNEE OR THE HUMAN RESOURCES OFFICE AT (916) 854-3350 OR DSN 466-3350.

LIFE INSURANCE (FEGLI):

____ I understand that if I am placed on LWOP, my FEGLI coverage will continue for 12 months with no cost to me.

**Do you know who your beneficiaries are?*

RETIREMENT:

____ I understand that if I am placed on LWOP, death and disability benefits continue under my retirement system.

____ I understand that the military service is potentially creditable service but I must make a deposit for that service to avoid Catch-62 (CSRS must make a deposit if first hired after 1 Oct 82, FERS must make a deposit for the time to count).

THRIFT SAVINGS PLAN:

If you are restored to your civilian position, you may make retroactive contributions and elections.

____ I understand that I will must request in writing to my personnel office to make retroactive TSP contributions and elections. (Must be completed within **60** days of RTD)

____ I have TSP Loan(s). I request TSP-41 Notification to TSP of Nonpay Status be completed.

I have initialed and I understand the statements above.

(Signature)

(Date)

My Home Address: _____

**To manage your pay information (i.e. Address, Direct Deposit, LES delivery, and Allotment information) it can be accessed through the DFAS My Pay Web Site:
<https://emss.dfas.mil/mypay.asp>**